



ORV TRAIL IMPROVEMENT PROGRAM PROFESSIONAL SERVICES CERTIFICATION

This information is required by authority of 1980 PA 299.

Instructions: The Grant Sponsor must complete this certification and submit it to the MDNR, Forest, Mineral, & Fire Management. If more than two contractors are required, please use additional sheets.

Information: Excerpts from Acts -

Section 2011 (2) and Section 2012 (d), (e): A person shall not submit to any public official of this state or any political subdivision thereof for approval, a permit or for filing as a public record a plan, specification, report, or land survey which does not bear one or more seals of a registered architect, registered professional engineer or registered land surveyor as required by this act, except for public works costing less than \$15,000 or residential buildings containing not more than 3,500 square feet of calculated floor area as defined in this Act. A person who is licensed to engage in the practice of architecture, professional engineering, or land surveying in another state while temporarily in this state to present a proposal for professional services is exempt from the requirements of this Article.

Section 2210 (1): Each landscape architect shall have a seal, approved by the department and the board, which shall contain the name of the landscape architect, the serial number of his or her certificate of registration and the legend "landscape architect, State of Michigan" and other words or figures as the department considers necessary. Plans, specifications, and reports prepared by the landscape architect or under his or her supervision shall be stamped with his or her seal when filed with a public authority.

Project Title		
MDNR Project Number	Project County	
Prime Professional Services Contractor		
Name	Title	
Firm	Telephone Number	
Street Address	Registration Number and State	
City, State, ZIP	Portion of Project (entire or list items)	
Additional Professional Services Contractor		
Name	Title	
Firm	Telephone Number	
Street Address	Registration Number and State	
City, State, ZIP	Portion of Project (entire or list items)	
Certification		
<p>I certify that the construction plans and specifications submitted or to be submitted in conjunction with the above-named project have been prepared by the above-named Professional Services Contractor(s) as required by 1980 PA 299. I also certify that construction supervision will be furnished by each Professional Services Contractor to ensure adherence to the plans and specifications. If additional Professional Services Contractors will be used for some portions of the project, they are also listed above. Additional sheets have been attached, as necessary, to include all Professional Services Contractors involved with the project indicated above.</p>		
Grant Sponsor Representative and Title (please print)	Grant Sponsor Representative Signature	Date

**Please return this completed Certification to: GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925**